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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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5. Covering Period I certify that I have exam Type or Print Name of Tr Signature of Treasurer NOTE: Submission of false	nined this Report and to	Sh Lar	ce Moi	gan	Date	1 [22] [2	0 / 2 3.C. §437g.	
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